- (III) HEALTH-RELATED SERVICES ABOVE THE LEVEL OF ROOM AND BOARD THAT ARE AVAILABLE ONLY THROUGH NURSING FACILITIES, INCLUDING INDIVIDUALS WHO BECAUSE OF SEVERE COGNITIVE IMPAIRMENTS OR OTHER CONDITIONS:
- 1. A. ARE CURRENTLY UNABLE TO PERFORM AT LEAST TWO ACTIVITIES OF DAILY LIVING WITHOUT HANDS-ON ASSISTANCE OR STANDBY ASSISTANCE FROM ANOTHER INDIVIDUAL; AND
- B. HAVE BEEN OR WILL BE UNABLE TO PERFORM AT LEAST TWO ACTIVITIES OF DAILY LIVING FOR A PERIOD OF AT LEAST 90 DAYS DUE TO A LOSS OF FUNCTIONAL CAPACITY; OR
- AGAINST THREATS TO HEALTH AND SAFETY DUE TO SEVERE COGNITIVE IMPAIRMENT.
- (2) THE DEPARTMENT SHALL ADOPT REGULATIONS TO CARRY OUT THE PROVISIONS OF THIS SUBSECTION.
- [(c)] (C) The Department's waiver application shall include the following COALS AND OBJECTIVES:
- (1) (I) An initial cap on waiver participation at 7,500 individuals TO ASSIST THE MEDICALLY AND FUNCTIONALLY IMPAIRED IN OBTAINING HOME—AND COMMUNITY BASED WAIVER SERVICES; AND
- (II) AN INITIAL CAP ON WAIVER PARTICIPATION AT 7,500 INDIVIDUALS TO ASSIST DUALLY ELIGIBLE NURSING FACILITY RESIDENTS IN OBTAINING LONG TERM CARE SERVICES IN THE COMMUNITY:

(2) A PROCRAM TO PERMIT:

- (I) AN INDIVIDUAL, OR A PERSON LEGALLY AUTHORIZED TO PROVIDE INFORMED CONSENT TO MEDICAL TREATMENT ON BEHALF OF AN INDIVIDUAL, TO DIRECT, MANAGE, AND PAY FOR HOME AND COMMUNITY BASED SERVICES, INCLUDING RECRUITING, SCREENING, HIRING, TRAINING, SCHEDULING, SUPERVISING, AND TERMINATING A PERSONAL CARE ATTENDANT;
- (II) THE HIRING OF AN INDIVIDUAL'S FAMILY MEMBER, INCLUDING A SPOUSE OR FRIEND, AS A PERSONAL CARE ATTENDANT:
- $\stackrel{\hbox{$({\rm III)}}}{}$ THE DEPARTMENT TO SET THE WAGES-FOR A PERSONAL CARE ATTENDANT;
- (IV) THE LOCAL DEPARTMENT OF SOCIAL SERVICES OR THE LOCAL AREA AGENCIES ON AGING TO ASSIST AN INDIVIDUAL IN OBTAINING PERSONAL CARE ATTENDANTS: AND
- (V) THE DEPARTMENT TO CONTRACT WITH AN INTERMEDIARY SERVICE ORGANIZATION TO PROVIDE PAYROLL, TAX, AND OTHER PAYROLL SUPPORT SERVICES ON BEHALF OF AN INDIVIDUAL: